THE

Hindu Message

A Weekly Review of Indian and World-Problems from the Hindu Standpoint.

Medical Supplement

'चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः'। 'बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति'

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NOTES AND COMMENTS.

The subject of midwifery, the signs and symptoms of pregnancy, the normal and difficult labours, with disorders of the pregnancy and diseases of women are so well described in Ayurvedic works, and means for their prevention with the care of the infant after birth are so scientifically mentioned, that, had there been at the time, when these works were written, the art of printing existing, each word of the verse, which carries when analysed an extensive meaning would have been the nucleus of a full chapter in the book.

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In this connection the name of Kabiraj Jamini Bhushan Sen Gupta, Kabyatirtha Kavibhshan of Manictolla Street Calcutta cannot be passed off without notice. He has been conducting assiduous researches for some time past in Ayurveda, specially that branch of it which deals with midwifery and infantile diseases. He seems to have expressed his hope to be able to establish the extent in which Allopathy is intended in its branch of midwifery to Ayurveda, and the medium of this exchange of knowledge being the Greeks. We also understand that the Kabiraj has treated certain obstinate cases of infantile diseases left hopeless by veterans practising other systems with remarkable success. The Kabiraj expects other co-workers in the field of Ayurveda to co-operate with him in founding a suitable Laboratory to teach Ayurvedic midwifery.

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Dr. Durgashanker Rawal delivered a lecture on the place of Ayurveda in the regeneration of India at the Marwadi Vidyalaya, Bombay. The lecture was not only interesting but also instructive. He compared the system of both Allopathic and Ayurvedic medicines and said that the latter took into consideration many things, which the former did not. Ayurvedic system had gone into the nature of medicines more minutely and deeply than the European system. Indians were now carried away by the idea that everything Indian was bad, hence their neglect of such a valuable system as Ayurveda. European doctors did not want to find out what was valuable in Indian medicines and thus enrich the science of healing. He mentioned a number of miraculous cures effected by means of simple and homely Indian remedies in cases which had been given up as hopeless by European doctors. In the end he said that Indians should encourage the indigenous system of medicines not only because it was suitable to their constitution but also cheap and suited to their pockets.

* * *

The custom of rubbing in of mustard oil all over the body before a bath and which is in vogue among the Indians should be encouraged too freely. It helps the secretion of sebum which keeps the skin surface smooth and shining and serves the useful purpose of varnishing the skin from external or outward infection and gentle massage (effleurage) by warding off fatigue in weary and tired muscles.

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In answer to a question about the sun-light treatment of Tuberculosis by Rai G. C. Nag Bahadur at an earlier meeting Mr. Sharp answered that the Government of India had seen accounts of the sun-light treatment of Tuberculosis, as carried out by Dr. Rollier a Leysin in the Swiss Alps. Dr. Rollier's treatment is applicable to the surgical forms of tuberculosis which though commonly met with in the North and West of India, are relatively unimportant as compared with pulmonary tuberculosis. A replica of the Light Institute at Copenhagen was opened by Queen Alexandra at the London Hospital in 1908, since which date instructional classes in Light treatment of tubercular and other diseases have been held which have been attended by many Indian Medical men and officers of the Indian Medical Service.

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Hitherto diabetes was regarded as a disease of the metabolism. But Dr. Amos T. Fisher, M.D. of Kansas City, M.O., has come with a new theory that diabetes is a bacterial disease, *i.e.*, a disease due to the bacterial invasion of the organs of metabolism and others.

X-RAY Treatment of Cancer.

"Lens" writes in "New Statesman": The essentials of the cancer problem were here stated some time ago. The malignant cell has its own chemistry, perverted, morbid, "anti-social." Destructive agents in general, such as arsenic paste, which have been used for ages, are indiscriminate and destroy normal as well as morbid cells. The problem is closely analogous to that of parasitic disease, where it is very easy to find a parasiticide or antiseptic, but very difficult to find one which will discriminate between the parasitic cells and those of the unhappy host.

Quite apart from the solution of the ultimate problem, which is the origin and the specific bio-chemistry of the malignant cell, there also remains the possibility of finding agents which may have a specific lethal action upon it. Such agents may be chemical; and the principles of chemo-therapeutics, which gave us the specific parasiticide, salvarsan may here be invoked. Much work is, of course, now being done on those lines.

There are physical agencies also, as heat and electricity. In particular there are the X-rays and the radiations from radium. Let it be clearly understood that for many years—dating, indeed from very soon after the discovery of the X-rays and of radium respectively—it has been known, beyond dispute, that these agents can cure a rodent ulcer which is a superficial form of malignant growth. Certainly a rodent ulcer is she very superficial and does not tend to develop secondary growths elsewhere, and grows very slowly: but its cells are unquestionably malignant and for many years in many parts of the world the X-rays and radium have been known in many instances, to destroy such growths in an evidently specific way. Here was a clue an observed fact, which must surely be significant. The peculiarly accessible situation of the rodent ulcer did not alter the finding that these agencies did specially affect the malignant cells. In the absence of any drug or other agency whatever of which so much could be said this was surely a clue to follow to the very utmost.

A very few workers have done so. The physicists have given some uniformity to our conception of the facts by showing that the so-called gamma rays of radium are a variety of X-rays. In Paris and London the powers of radium have been studied and used with ever extending success. To say the least of it, the surgeons have not been conspicuously helpful and more is the pity. But no one can read the records of the Radium Institute in London without learning that here are some solid and hopeful realities worthy of study on the most extensive possible scale.

For several years the most enlightened surgeons have used the X-rays before or after operation, as an auxiliary measure to the knife. Their use was believed to reduce the risk of recurrence after operation, but their place was entirely subordinate and accessory to surgery. Meanwhile, the surgeons extended the scope of their operations, which steadily became more formidable and mutilating, in the hope of obtaining radical results. All appalling operation for instance, has been devised for cancer of the womb, such that, in the best hands, one patient in four or five dies of the operation, and of the remained some benefit greatly.

Given that the X-rays or gamma rays could and did kill sufficiently accessible malignant cells, the difficulty was that most malignant cells were inaccessible, and the attempt to reach them by radiations of sufficient intensity involved very grave risks to the superjacent tissues, beginning with the skin itself. It has been known for many years, however, that X-rays are of more than one kind, and that the "soft" rays, which are absorbed by the skin cells, may do them serious injury, whilst "hard" rays may penetrate and produce deep results (such as sterility in experimental animals or in insufficiently protected laboratory workers), whilst not affecting the skin cells. Evidently, it was time to work at the applied physics of the matter, and to devise apparatus such that one could obtain rays of a particular kind and could always count on doing so.

Here one need hardly say, enter the Germans. Slapdash "intuition," muddling through, happy thoughts, brilliant improvisation, even careful observation by medical men whose knowledge of physics was such as, say, the medical students of London to-day are absorbing whilst they gather funds in fancy dress for their hospitals upon Regent Street—these were inadequate. This was the moment for the characteristics which Germany brings to science—solid laborious, patient thorough work of the most unromantic and uninspiring kind, entirely unlike genius, except in the more familiar of Carlyle's two incompatible definitions of that word. It was necessary to distinguish between the various intensities and wavel length of X-rays; to devise means of exactly producing those desired; to improve upon existing methods of detecting and measuring the rays: and to observe the results of the various doses of various rays, now for the first time really measured, as all doses of "medicine" should be upon normal cells and upon malignant cells of various kinds.

For several years past this work has been undertaken, at the clinic for diseases of women at Erlangen, in Bavaria, by two men in especial, Professors Sietz and Wintz, whose names are likely to remain for ever in the history of medical science. The earliest reports of their results were received with not unnatural incredulity. Students from various parts of the world went to Erlangen however, and saw for themsolves what could not be denied. So great has been the rush latterly that the clinical work of the Bavarian doctors has been interfered with and drastic restrictions upon visitors have been found necessary. A few observers have been to Erlangen from this country, and the result has been the installation at the Cancer Hospitals in London and Dublin, for instance, of the apparatus, very heavy and expensive, necessary for making X-rays of the tremendous and unprecedented intensity required. It may be taken for granted that a considerable part of the money which two generous donors, Lord Atholstan and Sir William Veno, have lately given to the fight against cancer, will be devoted to research in this field—incomparably the most promising of all. Besides the installations at the hospitals above-named, there are several private installations in the hands of practising radiologists. I have seen one such, which involved the production of a current of over 200,000 volts. The rays are so "hard" that a thick aluminum plate scarcely casts any shadow at all; and when one holds up one's hand in the path of the rays, nothing is seen but a faint outline of its form—the bones being too transparent, to such rays to cast a shadow at all. It need hardly be said that these workers are experimenting with little-known forces of stupendous power, and that the most serious and responsible qualities are required. And, of course, as in the early days of antiseptic surgery, there will be plenty of men to try the new methods without understanding them, and then to proclaim their futility. It will also be obvious that any quack who urges the "electrical treatment" of cancer may find this his opportunity. It is my duty, therefore, to warn the reader of the dangers and difficulties of this matter at the present stage. Fortunately, there is, as there should be, a responsible professional society of qualified medical men who practise radiology, and doubtless that society will advise enquirers—as I, for one, cannot undertake to do. But reference may be given to two recent papers which have persuaded me that it is a duty to write this article without waiting for any more evidence. The "Lancet," February 25, 1922, "Gamma Rays and Malignant Disease" by Dr. Reginald Morten Radiologist to the West London Hospital and "Deep X-ray treatment of cancer by Dr. Kingsley Ward, Department of Pathology, University of Oxford. These writers have seen the Bavarian work for themselves, and their papers,

published in a journal of the reputation of the "Lancet" have resolved any doubts that one has felt during the past nine months on this subject.

Last August the official association already named published a manifesto from which these words may be quoted: "In all cases both surgery and radiation therapy should be fully considered, with a view to making the fullest use of both. Combined treatment offers the greatest hope of success." It has been pointed out to me by Dr. Hernaman Johnson, Radiologist to the French Hospital that that document "was intentionally written to indicate the minimum rather than, the maximum benefits to be expected." Dr. Reginald Morton, in his recent paper says: "It is at least significant that in the Erlangen Frauenklink, where surgical methods have been definitely abandoned for cases of malignant disease, of the female pelvis in favour of X-ray treatment greatly improved results have been obtained."

In my considered judgment, after much reading and consultation with both surgeons and radiologists, the proper advice to give to the public to-day is that, immediately upon diagnosis or suspicion of malignant disease anywhere henceforth, both the surgeon and the radiologist should be consulted. Whatever the future developments, early treatment is to-day at least as essential as ever. Delay is desperately dangerous; promptitude may hope for better rewards than ever before.

I earnestly hope and believe that this paper may save the lives of not a few readers who follow its advice.

Do you think it possible for a woman to masquerade as a man for the greater part of her life without arousing suspicion until after her death, at the age of seventy-one? Dr. James Barry would have passed as an average type of man. He was with the British Army in the Crimea, and made rapid strides in his profession, sometimes jumping two ranks at a time. In fact, when he died he held the post of Inspector-General of Army Hospitals, a title which appears upon the headstone over his grave in the Kensal Green Cemetery. No one ever suspected the doctor of not being a man until the year following his death. Then a long article appeared in one of the newspapers, stating that Dr. Barry had refused medical attention during his last illness, and that "an inquest was held immediately after 'his' death. The following day it was officially reported to the War Office that the deceased Inspector-General of Hospitals was a woman."

In the important subject of Physiology, the Ayurvedic scientists have gone a little further, and propagated the theory of Vata, Pitta, and Kafa, the three humours prevailing in the body. These humours are the results of individually normal and ordinarily sympathetic working of different organs together in a particular person. Predominence is generally taken in an individual by a particular humour, and the symptoms of that humour, in the form of the temperament of that individual, are always manifested in that person. This temperament remains permanent in the person, and is generally hereditary. Hence we have families with Vata temperament, Pitta temparament and Kafa temperament as the result of the predominence of these particular humours in the members of those families.

These humours may remain normal or may be abnormally increased or decreased, owing to different circumstances in an individual, and that gives different colours to the diseases by which the individual may be suffering. This explains the existence of certain unexpected symptoms during the course of a disease, in a patient. In cases of Pneumonia, some die of delirium, some of heart failure, and some of asphyxia. Why? In the same disease the symptoms at several stages in different patients, are not the same. Why? Why should they change? This is scientifically explained by adopting the theory of Vata, Pitta, and Kafa. The abnormality of different humours, predominant in different patients at a particular stage of the same disease, produces different symptoms in them; hence the change of symptoms in the stage of the same disease in different patients. This consequently suggests particular changes in the treatment. The Ayurvedic doctor has thus, extra to the treatment of Pneumonia, to add drugs to counteract the effects of the abnormal conditions of the humour predominent in the patient at the time he begins treatment, and has again to make changes in the prescriptions according to the changes in the humour at several stages of the disease. Thus the Ayurvedic treatment can never be empirical. Slightest change in the humour, manifested by least change in the pulse or symptoms in a particular patient attacked with a particular disease, is an indication for a Vaidya to prescribe appropriate drugs at the time, thus saving the patient from more serious future developments. This, in initial form, is the theory of Vata, Pitta and Kafa, and its importance in the Ayurvedic practice.

A most trustworthy idea of the scientific and systematic, as well as theoretical and practical study and practice of Ayurveda can thus be formed; these studies are, according to means at disposal, by the bed side of the patient, in an operation theatre, in a lying-in-ward, in bacteriological, anatomycal, physiological, pharmaceutical and chemical get-ups and for medical botany by excursions in jungles and gardens, thus getting the required insight in those subjects. The studies are modernized at the same time, according to the present day requirements, by necessary information of the every day progress of the medical science in the world.

If men with such learnings in Ayurveda go out for practice, nobody would be justified in lowering them and their science in the estimation of the public. To produce such practitioners institutions have been established in chief towns of India, not with the least idea of any antagonism against the western system of medicine, but with a bounden duty to supply qualified Ayurvedic aid to those who stick to Ayurveda only. In this most dutyful, but at the same time very hard work, encouragement and sympathy of the Government in the way they please to give, are earnestly solicited, which if given, these qualified Ayurvedic practitioners, understanding the full value of Western Medical Science and its Scientists, will form, if their prestige is kept up, a connecting link, between the most modern progress of the medical science in West, and the most orthodox views about it in the East, and while carrying on their useful work honestly and scientifically, will uphold the western medical science with a true scientific spirit, and displace the irresponsible quackery going on under the guise of Ayurvedic practice.

That decayed teeth are very strong predisposing causes to the "catching" of measles, scarlet fever, pneumonia, numps, and other childish diseases is strongly urged by the U. S. Public Health Service, which cites very considerable reductions in those diseases in cities where dental clinics have been established in the schools. At Bridge port, Conn., for instance, diptheria has been lessened 8 per cent. At an orphanage in Boston these disease, which had annually afflicted about one third of the 325 inmates, practically disappeared after eight months' dental work. The absorption of pus from rotting teeth had weakened the children and made them easy victims to disease germs, and the cleaning up of this, increased their powers of resistance.

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